

APPLICATION FOR WELL DESTRUCTION PERMIT

ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH DIVISION

2009 E. EDINGER AVENUE
SANTA ANA, CA 92705-4720

(714) 667-3600
FAX: (714) 667-3754

CITY		DATE		WELL PERMIT NUMBER		
WELL LOCATION (ADDRESS IF AVAILABLE)						
NAME OF WELL OWNER		NAME OF CONSULTING FIRM				
ADDRESS		BUSINESS ADDRESS				
CITY	ZIP	TELEPHONE	CITY		ZIP	TELEPHONE
NAME OF DRILLING CO.		C-57 LICENSE NUMBER	WELL DEPTH _____ Feet		TYPE OF WELL/TOTAL NUMBER _____	
CITY	ZIP	TELEPHONE	DIAMETER _____ Inches		<input type="checkbox"/> WATER <input type="checkbox"/> CATHODIC <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER	
SEALING MATERIAL / ESTIMATE AMOUNT OF SEALING MATERIAL NEEDED			PROPOSED START DATE			
METHOD OF DESTRUCTION						
DIAGRAM OF WELL SITE (Use additional sheets and/or attachments)		I HEREBY AGREE TO COMPLY IN EVERY RESPECT WITH ALL REQUIREMENTS OF THE HEALTH CARE AGENCY AND WITH ALL ORDINANCES AND LAWS OF THE COUNTY OF ORANGE AND OF THE STATE OF CALIFORNIA PERTAINING TO WELL CONSTRUCTION, RECONSTRUCTION AND DESTRUCTION.				
<input type="checkbox"/> SITE PLAN ATTACHED		APPLICANT'S SIGNATURE _____ DATE _____				
		PRINT NAME _____				
		PHONE NUMBER _____ FAX NUMBER _____				
FOR ACCOUNTING USE ONLY:		DISPOSITION OF PERMIT (DO NOT FILL IN):				
HSO NO. _____ CHECK NO. _____		<input type="checkbox"/> APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:				
DATE _____ AMOUNT _____		A. <input type="checkbox"/> NOTIFY THIS AGENCY AT LEAST 48 HOURS PRIOR TO START.				
INTL. _____		B. <input type="checkbox"/> SUBMIT TO THE AGENCY A WELL DESTRUCTION REPORT. PLEASE REFERENCE PERMIT NUMBER.				
APPROVAL BY OTHER AGENCIES:		C. <input type="checkbox"/> OTHER _____				
JURISDICTION _____		<input type="checkbox"/> DENIED _____				
REMARKS _____						

AUTHORIZED SIGNATURE _____ DATE _____		PERMIT ISSUED BY _____ DATE _____				
		PRINT NAME _____ PHONE NUMBER _____				

WHEN SIGNED BY ORANGE COUNTY HEALTH CARE AGENCY REPRESENTATIVE, THIS APPLICATION IS A PERMIT.